

## Social Security Advocacy Services Payment System Training

The Minnesota Department of Human Services (DHS) is offering three Social Security Advocacy Services (SSAS) Payment System training sessions to contracted grantees. The trainings will show grantees how to register, enter cases, and submit invoices into the new payment system. All three training sessions will cover the same information and allow time for questions and answers. Registration is not required.

The training sessions will be held one:

- **Thursday, January 27<sup>th</sup> from 2 to 3 pm**  
click on this link to attend this training:  
<https://minnesota.webex.com/minnesota/j.php?MTID=mb7964c041b2cb6b12358ae405e6a6e56>
- **Friday, January 28<sup>th</sup> from 10 to 11 am**  
click on this link to attend this training:  
<https://minnesota.webex.com/minnesota/j.php?MTID=mef23980f00f8b6f3d60edf0bfd6d5b31>
- **Tuesday, February 1<sup>st</sup> from 10 to 11 am**  
click on this link to attend this training:  
<https://minnesota.webex.com/minnesota/j.php?MTID=mdce60e38af72b21e3e18fa0070b14d77>

Additional system training sessions will be communicated in the future.

All users of the Social Security Advocacy Services (SSAS) Payment System must have their managers complete an SSAS System Access Request form (found below) immediately.

## SSAS System Access Request Form

**Instructions:** Complete all sections of this form to add or remove user information to the Social Security Advocacy Services (SSAS) Payment System. Note: Grantees requesting access to the SSAS payment system must have a current contract with DHS. When completed email this form to [DHS.SSAadvocacy@state.mn.us](mailto:DHS.SSAadvocacy@state.mn.us).

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### Section A: General Grantee Information

Name:

Address:

City:

State:

Zip Code:

Phone:

Name of Person Who Can Authorize New Staff to Use the SSAS System:

Email:

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### Section B: Grantee staff who will use the SSAS payment system

Name:

Phone:

Email:

Name:

Phone:

Email:

Name:

Phone:

Email:

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### Section C: Grantee manager completing this form

Name:

Phone:

Today's Date:

Email:

Email completed form to: [DHS.SSAadvocacy@state.mn.us](mailto:DHS.SSAadvocacy@state.mn.us)